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BUREAU OF THE CENSUS
DEC 18 1940

Registration District No. **260**

Primary Registration District No. **5363**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **DeKalb**

(b) City or town **Grand River Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DEKALB**

(c) City or town **Grand River Twp**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **CHARLOTTE Schumaker**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **8** **24** **1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	3	5	hr. min.

9. Birthplace **Liverpool England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Detrich Schumaker**

13. Birthplace **Ullersate Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Rizabell Helderbrand**

15. Birthplace **Liverpool England**
(City, town, or county) (State of foreign country)

16. (a) Informant **John Miedus**

(b) Address **Cameron, Mo.**

17. (a) **Burial** (b) Date thereof **DEC 1 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborn mo**

18. (a) Signature of funeral director **Osborn**

(b) Address **Cameron Mo**

19. (a) **12-2-40** (b) **Mildred McMichael**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29**
year **1940** hour **5** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **March 16**, 19 **Sept**, **Nov 29**, 19 **40**
that I last saw her alive on **Sept 24**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regurgitation**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **A. O. Galligan** (M. D. certificate) _____
Address **Cameron Mo** Date signed **Nov 30 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

C. Moore

Licensed Embalmer No.

1180

P. O. Address.....

Cameron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.